



PTO/SB/21 (09-04)

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**TRANSMITTAL
FORM**

(to be used for all correspondence after initial filing)

Total Number of Pages in This Submission

7

Application Number

10/758,161

Filing Date

January 15, 2004

First Named Inventor

Hitoshi Maejima

Art Unit

3679

Examiner Name

Hylton, Robin Annette

Attorney Docket Number

014737-000001

ENCLOSURES (check all that apply)☒ Fee Transmittal Form☐ Fee Attached☒ Amendment / Reply☐ After Final☐ Affidavits/declaration(s)☒ Extension of Time Request☐ Express Abandonment Request☐ Information Disclosure Statement☐ Certified Copy of Priority Documents☐ Response to Missing Parts/
Incomplete Application☐ Response to Missing Parts
under 37 CFR 1.52 or 1.53☐ Drawing(s)☐ Licensing-related Papers☐ Petition☐ Petition to Convert to a
Provisional Application☐ Power of Attorney, Revocation
Change of Correspondence
Address☐ Terminal Disclaimer☐ Request for Refund☐ CD, Number of CD(s) _____☐ Landscape Table on CD☐ After Allowance Communication to Group☐ Appeal Communication to Board
of Appeals and Interferences☐ Appeal Communication to Group
(*Appeal Notice, Brief, Reply Brief*)☐ Proprietary Information☐ Status Letter☒ Other Enclosure(s) (please identify
below):
Acknowledgment Postcard.

Remarks

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm Name

MOORE & VAN ALLEN PLLC

Signature

Printed Name

CHARLES L. EVANS

Date

November 14, 2005

Reg. No.

40,380

CERTIFICATE OF TRANSMISSION/MAILING

I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below.

Signature

Typed or printed name

Laura McCullen

Date

November 14, 2005

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Effective on 12/08/2004 Fees pursuant to the Consolidated Appropriations Act 2005 (H.R. 4818)		Complete if Known	
FEE TRANSMITTAL For FY 2005		Application Number	10/758,161
		Filing Date	January 15, 2004
		First Named Inventor	Hitoshi Maejima et al.
		Examiner Name	Robin Annette Hylton
		Art unit	3727
<input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27	Attorney Docket No.	014737-000001	
TOTAL AMOUNT OF PAYMENT \$60.00			

METHOD OF PAYMENT (check all that apply)							
<input type="checkbox"/> Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> None <input type="checkbox"/> Other (please identify): _____							
<input checked="" type="checkbox"/> Deposit Account Deposit Account Number: <u>13-4365</u> Deposit Account Name: <u>Moore & Van Allen PLLC</u>							
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)							
<input checked="" type="checkbox"/> Charge fee(s) indicated below <input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee							
<input checked="" type="checkbox"/> Charge any additional fee(s) or underpayments of fee(s) <input type="checkbox"/> Credit any overpayments							
under 37 CFR 1.16 and 1.17							
WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.							
FEE CALCULATION							
1. BASIC FILING, SEARCH, AND EXAMINATION FEES							
	FILING FEES		SEARCH FEES		EXAMINATION FEES		
		Small Entity		Small Entity		Small Entity	
Application Type	Fee(\$)	Fee(\$)	Fee(\$)	Fee(\$)	Fee(\$)	Fee(\$)	Fees Paid (\$)
Utility	300	150	500	250	200	100	_____
Design	200	100	100	50	130	65	_____
Plant	200	100	300	150	160	80	_____
Reissue	300	150	500	250	600	300	_____
Provisional	200	100	0	0	0	0	_____
2. EXCESS CLAIM FEES							Small Entity
Fee Description							Fee(\$)
Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent							50
Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent							200
Multiple dependent claims							360
Total Claims - 20 or HP = _____ Extra Claims Fee (\$) Fee Paid (\$)							Multiple Dependent Claims
HP = highest number of total claims paid for, if greater than 20							Fee (\$) Fee Paid (\$)
Indep. Claims - 3 or HP = _____ Extra Claims Fee (\$) Fee Paid (\$)							
HP = highest number of independent claims paid for, if greater than 3							
3. APPLICATION SIZE FEE							
If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).							
Total Sheets		Extra Sheets	Number of each additional 50 or fraction thereof		Fee (\$)	Fee Paid (\$)	
- 100 = _____		/50 = _____	(round up to a whole number) x _____		= _____		
4. OTHER FEES							
Non-English Specifications, \$130 fee (no small entity discount)							
Other: <u>1 Month Extension of Time</u>							\$60.00

SUBMITTED BY			
Signature	<u>Charles L. Evans</u>	Registration No. 40,380 (Attorney/Agent)	Telephone 919-286-8000
Name (Print/Type)	Charles L. Evans	Date November 14, 2005	

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. **SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.**

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